

**Procedures and Information Required for Constructing,  
Repairing, Renovating, Changing the Use or Occupancy of, or  
Demolishing any Building Other Than a One or Two Family  
Dwelling**

1. Complete the application in its entirety.
2. Fill out the Homeowner's Exemption – if doing the work yourself.
3. If using a contractor, he/she must fill out the Contractor Affidavit and Workman's Comp form. Also attach a copy of the contractor's liability insurance.
4. Fill out the Energy Code form – must be the latest version.
5. Fill out Material Specifications form.
6. House number must be on application, if not approved, see Land use Office for information on obtaining a house number for the lot.
7. Copy of plot plan showing setbacks to property lines and septic placement.
8. Copy of deed.
9. Copy of well results and septic permit if available.
10. Copy of the approved Planning Board ANR Plan.
11. Two sets of structural plans (either 8-1/2" x 11" or 11" x 17" in size) of house truss info, and foundation info.
12. Have Fire Department sign off on the plans and sign the application.
13. Prior to returning the packet to the Land Use Office, you need to have the appropriate Boards, Commissions, and/or Departments sign off on the application.

**If you have any questions, please do not hesitate to contact Denée in the Land Use Office at (978) 827-4100 ext 117.**



The Commonwealth of Massachusetts  
State Board of Building Regulations and  
Standards  
Massachusetts State Building Code  
780 CMR



The Town of Ashburnham  
Landuse Office  
15 Oakmont Drive  
Ashburnham, MA 01430  
Phone: 978-827-4100 EX1 117

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY  
BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number:

Date Issued:

Signature:

Building Commissioner/Inspector of Buildings

Date:

SECTION 1 - SITE  
INFORMATION

1.1 Property Address:

1.2 Assessors Map & Parcel Number:

Map Number

Parcel Number

1.3 Zoning Information:

1.4 Property Dimensions:

Zoning District

Proposed Use

Lot Area (sf)

Frontage (ft)

1.6 Building Setbacks (ft)

Front Yard

Side Yards

Rear Yard

Required

Provided

Required

Provided

Required

Provided

1.7 Water Supply (M.G.L. c. 40, § 54)  
Public ☐ Private ☐

1.5 Flood Zone Information:  
Zone: \_\_\_\_\_ Outside Flood Zone ☐

1.8 Sewage Disposal System:  
Municipal ☐ On site disposal system  
☐

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name (Print)

Address:

Signature

Telephone

2.2 Authorized Agent:

Name (Print)

Address:

Signature

Telephone

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor:

Address

Signature

Telephone

Not Applicable ☐

License Number

Expiration Date

3.2 Registered Home Improvement Contractor:

Company Name

Address

Signature

Telephone

Not Applicable ☐

Registration Number

Expiration Date

**SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.I. c. 152 § 25C(6))**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes.....☐ No.....☐

**SECTION 5- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)****5.1 Registered Architect:**

Name (Registrant):	Not Applicable <input type="checkbox"/>
Address	Registration Number
Signature	Expiration Date
Telephone	

**5.2 Registered Professional Engineer(s):**

Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	
Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	
Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	
Name	Area of Responsibility
Address	Registration Number
Signature	Expiration Date
Telephone	

**5.3 General Contractor**

Company Name:	Not Applicable <input type="checkbox"/>
Responsible in Charge of Construction	
Address	
Signature	
Telephone	

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)				
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		
Brief Description of Proposed Work:				
_____				
_____				
_____				

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE						
USE GROUP (Check as applicable)					CONSTRUCTION TYPE	
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A	<input type="checkbox"/>
		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		1B	<input type="checkbox"/>
B Business	<input type="checkbox"/>				2A	<input type="checkbox"/>
E Educational	<input type="checkbox"/>				2B	<input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		2C	<input type="checkbox"/>
H High Hazard	<input type="checkbox"/>				3A	<input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	3B	<input type="checkbox"/>
M Mercantile	<input type="checkbox"/>				4	<input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5A	<input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		5B	<input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify: _____				
M Mixed Use	<input type="checkbox"/>	Specify: _____				
S Special Use	<input type="checkbox"/>	Specify: _____				

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE	
Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index 780 CMR 34): _____	Proposed Hazard Index 780 CMR 34): _____

SECTION 8 - BUILDING HEIGHT AND AREA		
BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)	
Independent Structural Engineering Structural Peer Review Required	Yes..... <input type="checkbox"/> No..... <input type="checkbox"/>

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT	
I _____ as Owner of the subject property	
hereby authorize _____ to act on	
my behalf, in all matters relative to work authorized by this building permit application.	
Signature of Owner	Date

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS  
THE MASSACHUSETTS STATE BUILDING CODE

**SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_ as Owner/Authorized Agent  
hereby declare that the statements and information on the foregoing application are true and accurate to the best of my  
knowledge and belief.  
Signed under the pains and penalties of perjury.

Print Name \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 11 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		(a) Building Permit Fee Multiplier	
1. Building			
2. Electrical		(b) Estimated Total Cost of Construction from (c)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	

Approved by Board of Health \_\_\_\_\_ Date \_\_\_\_\_

Approved by Planning Board \_\_\_\_\_ Date \_\_\_\_\_

Approved by Historical Commission \_\_\_\_\_ Date \_\_\_\_\_

Approved by Conservation Commission \_\_\_\_\_ Date \_\_\_\_\_

Approved by Fire Chief \_\_\_\_\_ Date \_\_\_\_\_

Approved by Highway Dept. \_\_\_\_\_ Date \_\_\_\_\_

Approved by Building Commissioner/Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Approved by Treasurer's Office \_\_\_\_\_ Date \_\_\_\_\_

**TOWN OF ASHBURNHAM  
BUILDING DEPARTMENT**

**HOMEOWNER LICENSE EXEMPTION**

Please Print.

DATE \_\_\_\_\_

JOB LOCATION \_\_\_\_\_  
Number Street Address

"HOMEOWNER" \_\_\_\_\_  
Name Home Phone Work Phone

PRESENT MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
City/Town State Zip Code

The current exemption for "homeowners" was extended to include owner-occupied dwellings of six units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 109.1.1)

**DEFINITION OF HOMEOWNER:**

Person(s) who owns a parcel or land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 109.1.1)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Ashburnham Building Department minimum inspection requirements and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER'S SIGNATURE \_\_\_\_\_

APPROVAL OF BUILDING OFFICIAL \_\_\_\_\_

Note: Three family dwellings 35,000 cubic feet or larger, will be required to comply with State Building Code Section 127.0 Construction Control.

**TOWN OF ASHBURNHAM**

For Office Use Only

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

**AFFIDAVIT**

**Home Improvement Contractor Law  
Supplement to Permit Application**

GL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence for building" be done by registered contractors, with certain exceptions, along with other requirements.

Type of work: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of work \_\_\_\_\_

Owner name: \_\_\_\_\_

Date of permit application: \_\_\_\_\_

Hereby certify that:

Registration is not required for the following reason(s):

\_\_\_\_\_ work excluded by law

\_\_\_\_\_ job under \$1,000

\_\_\_\_\_ building not owner-occupied

\_\_\_\_\_ owner pulling own permit

\_\_\_\_\_ other (specify) \_\_\_\_\_

Notice is hereby given that:

**OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. c. 142A.**

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Registration No.

Notwithstanding the above notice, I hereby apply for a permit as the owner of the property:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Name



*The Commonwealth of Massachusetts*  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, MA 02111**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |  |  |
|--|--|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|--|

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "....every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is **NOT** required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

**ENERGY CONSERVATION APPLICATION FORM FOR  
LOW-RISE RESIDENTIAL NEW CONSTRUCTION and ADDITIONS**  
780 CMR Appendix J (effective 3/1/98)

Applicant Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
\_\_\_\_\_  
Applicant Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Use Group: \_\_\_\_\_  
Date of Application: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_

Compliance Path (check one):

☐ Prescriptive Package (Limited to 1- or 2-family wood frame buildings heated with fossil fuels only)

Package (A through KK from Table J5 2.1b): \_\_\_\_\_ Heating Degree Days (HDD<sub>65</sub>) from Table J5 2.1a: \_\_\_\_\_

(For items d. through i., fill in all values that apply from Table J5 2.1b:)

a. Gross Wall Area	_____ sq. ft	f. Wall R-value	R-_____
b. Glazing Area <sup>1</sup>	_____ sq. ft	g. Floor R-value	R-_____
c. Glazing % (100 x b ÷ a)	_____ %	h. Basement wall	R-_____
d. Glazing U-value	U-_____	i. Slab Perimeter	R-_____
e. Ceiling R-value	R-_____	j. Heating AFUE	_____

☐ Component Performance: "Manual Trade-Off" (Limited to wood or metal framed buildings only)

Climate Zone (from Figure J6 2 2) ☐ Zone 12 ☐ Zone 13 ☐ Zone 14

Attach *Trade-Off Worksheet* from Appendix J, [and *HVAC Trade-Off Worksheet*, if applicable]

☐ MAScheck Software

Attach *Compliance Report* and *Inspection Checklist* printouts.

☐ Systems Analysis OR ☐ Renewable Energy Sources

Attach Mass Registered Architect or Engineer Analysis

**ALTERNATIVE FOR ADDITIONS ONLY:**

a. Gross Wall + Ceiling Area \_\_\_\_\_ sq. ft    b. Glazing Area<sup>1</sup> \_\_\_\_\_ sq. ft    c. Glazing % (100 x b ÷ a) \_\_\_\_\_ %

☐ ADDITION with Glazing % (c.) up to 40% may use 780 CMR Table J1 1 2 3 1 below:

MAXIMUM U-value	MINIMUM R-Values				
Fenestration	Ceiling	Wall	Floor	Basement Wall	Slab Perimeter, Depth
0.39	R-37	R-13	R-19	R-10	R10, 4ft

☐ "SUNROOM" addition (greater than 40% glazing-to-wall and ceiling gross area)

Attach "Consumer Information Form" from 780 CMR Appendix B

Official's Name: \_\_\_\_\_ Official's Signature: \_\_\_\_\_

Application: Approved ☐ Denied ☐ Date of Approval/Denial: \_\_\_\_\_

Reason(s) for Denial: (provide additional details as needed on back side)

**MATERIAL SPECIFICATIONS**

Footings \_\_\_\_\_ x \_\_\_\_\_

Floor \_\_\_\_\_ inches thick

Foundation \_\_\_\_\_ inches thick by \_\_\_\_\_ high

Foundation: Type \_\_\_\_\_ (poured, block, etc.)

Floor Joists \_\_\_\_\_ x \_\_\_\_\_ Span \_\_\_\_\_ o/c \_\_\_\_\_

Carrying Beam \_\_\_\_\_ x \_\_\_\_\_ Span from column to column \_\_\_\_\_

Sub-Floor \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Plys \_\_\_\_\_ Grade \_\_\_\_\_

Studding (bearing walls) \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ o/c \_\_\_\_\_

Ceiling Joists \_\_\_\_\_ x \_\_\_\_\_ Span \_\_\_\_\_ o/c \_\_\_\_\_

Roof Rafters \_\_\_\_\_ x \_\_\_\_\_ Span \_\_\_\_\_ o/c \_\_\_\_\_

Roof Trusses \_\_\_\_\_ x \_\_\_\_\_ Top Chord \_\_\_\_\_ x \_\_\_\_\_

Lower Cord Span \_\_\_\_\_ x \_\_\_\_\_ o/c \_\_\_\_\_

Exterior Sheathing \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Plys \_\_\_\_\_ Grade \_\_\_\_\_

Roof Sheathing \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Plys \_\_\_\_\_ Grade \_\_\_\_\_

Felt \_\_\_\_\_ lb.

Roofing Materials: Type \_\_\_\_\_ lbs. \_\_\_\_\_ per square

Under Layment \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Finish Floor: Kitchen \_\_\_\_\_ Bath \_\_\_\_\_ Living, Dining \_\_\_\_\_  
Bedroom \_\_\_\_\_

Interior Wall Finish \_\_\_\_\_ inch sheetrock. Other \_\_\_\_\_

Exterior Siding \_\_\_\_\_

Insulation: Walls \_\_\_\_\_ Ceiling \_\_\_\_\_ Cellar \_\_\_\_\_

Roof Pitch \_\_\_\_\_

Chimney: Flue Size (s) \_\_\_\_\_

Fireplace: Hearth \_\_\_\_\_ x \_\_\_\_\_ Firebox Wide \_\_\_\_\_ Deep \_\_\_\_\_

Foundation Waterproofing Material \_\_\_\_\_

Automatic Fire Alarm \_\_\_\_\_

Bedroom Window Sizes: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature